

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

00 - 21 MA

2. STATE:

New Jersey

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

Title XIX

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

August 5, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 U.S.C. 1396a(a)(13), 1396r-4
42 CFR 447, Subpart E, 447.200

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 0.53 million
b. FFY 2001 \$ 2.37 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19A
Page 1-154.5

***SEE REMARKS

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

New Page

10. SUBJECT OF AMENDMENT:

Additional Graduate Medical Education Payments

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Exempt pursuant to 7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michele K. Guhl

14. TITLE:

Commissioner

15. DATE SUBMITTED:

16. RETURN TO:

Division of Medical Assistance
and Health Services
P.O. Box 712
Trenton, NJ 08625-0712

17. DATE RECEIVED:

19. EFFECTIVE DATE OF APPROVED MATERIAL:

08/05/00

21. TYPED NAME:

Sue Kelly

22. TITLE:

Division of Medical Assistance and State Operations

23. REMARKS:

As per State letter dated 05/17/01 originally submitted page has been
revised, renumbered and approved as Attachment 4.19B Page 2b.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
GRADUATE MEDICAL EDUCATION AND INDIRECT MEDICAL EDUCATION

8.5 Additional GME Payments for Medicaid Outpatient Fee-for-Service
for Medicaid and NJ FamilyCare – Plan A Beneficiaries

- a) The Division of Medical Assistance and Health Services shall make additional GME outpatient payments up to the amount the hospital would have received under Medicare principles of reimbursement for this group of beneficiaries for services rendered after August 4, 2000.
- i. Eligibility for these additional outpatient GME payments (payments) shall be limited to those hospitals eligible to receive HRSF payments.
 - ii. The payments shall be calculated based on the hospitals' first finalized 1996 Medicare cost reports.
 - iii. The payments shall be distributed to the eligible hospitals in monthly increments up to the total amount the hospitals would have been eligible to receive from the HRSF fund in the State fiscal year.
 - iv. The total amount of these payments shall not exceed the amount of State and Federal funds appropriated in the State fiscal year.

00-21-MA(NJ)

New Page

TN 00-21 Approval Date JUN 06 2001
Supersedes TN New Effective Date AUG 05 2000